

Steve Bullock, Governor

Sheila Hogan, Director

May 1, 2017

To: Medicaid Hospice Providers

From: Micky Brown, Medicaid Hospice Program Manager

RE: Content of Hospice Notice of Election Forms

The Community Services Bureau has reviewed the Medicaid Hospice Program, Hospice Policy 404, Election of Hospice Care, and is providing an example of a Notice of Election Form to assist Hospice service providers in complying with ARM 37.40.815; 42 CFR 418.24. Please place this policy memo at the beginning of section 404 of the Medicaid Hospice Policy Manual.

The form is an example only and can be modified to include additional information by the Hospice provider as long as the form contains the content information required in Hospice Policy 404. This policy memo is effective immediately.

CONTENT OF THE HOSPICE NOTICE OF ELECTION STATEMENT

The Content of Election Statement must include the following information:

1. Identification of the particular Hospice and of the attending physician that will provide care to the member. The member or representative must acknowledge that the identified attending physician was his or her choice;
2. The member's or representative's acknowledgement that he or she has been given a full understanding of the palliative rather than curative nature of hospice care, as it relates to the member's terminal illness;
3. Acknowledgement that certain Medicaid services, as set forth in the "Waiver of Other Benefits", section of this policy, are waived by the election;
4. The effective date of the election, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement; and
5. The signature of the member or representative.

Please refer any questions regarding this policy clarification to:

Micky Brown
Medicaid Hospice Program Manager
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